

2082

MARGIN RESERVED FOR BINDING

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICSSTATE FILE NO. 259

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 26
TOWNSHIP Seventh OR VILLAGE
CITY Phoenix NO. Arizona State Hospital ST. About WARD
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 4 MOS. 10 DS. 10 MOS. 10 DS.
2. FULL NAME Jesus Arvizu HOW LONG IN STATE WHEN DEATH OCCURRED YRS. 25 MOS. 10 DS. 10 MOS. 10 DS.
(A) RESIDENCE: NO. Superior, Arizona ST. Superior WARD Superior
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Manuela Arvizu

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 35 MONTHS -- DAYS -- IF LESS THAN 1 DAY, HRS. -- OR MIN. --

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Miner

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) Mexico-- 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico--

13. NAME Jose Arvisu

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

15. MAIDEN NAME Juana Rivas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) unknown

17. INFORMANT Records Arizona State Hospital - Phoenix, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE Superior, Ariz. DATE 3-23-35

19. EMBALMER { LICENSE NO. 150
SIGNATURE Nancy J. Foman

FUNERAL DIRECTOR Arizona Funeral Home
ADDRESS Phoenix, Arizona

20. FILED 3-23-1935 REGISTRAR John C. Anderson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23-35
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 3-9-1935, 1935, TO 3-23-1935, 1935

I LAST SAW HIM ALIVE ON 3-23-35; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:10 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Maniacal Exhaustion with DATE OF ONSET (21) days
Intestinal Hemorrhage

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Amputation of left index
finger (29 days)
Syphilis unknown

NAME OF OPERATION Amputation of left index DATE OF 2-26-1935
WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY? Yes

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE), FILL IN ALSO THE FOLLOWING: accident DATE OF INJURY 2-26-1935
ACCIDENT, SUICIDE, OR HOMICIDE?

WHERE DID INJURY OCCUR? Superior, Arizona
(SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE while at work in mine

Got finger caught in rope
MANNER OF INJURY accident causing amputation
NATURE OF INJURY of left index finger

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? yes

IF SO, SPECIFY injury occurred while at
work in mine M. D. 3-23-35

(SIGNED) Arizona State Hospital
(ADDRESS)

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION